

CLAIMS ONLY							Application Number		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9	1	1					59					
10		1					60					
11	1						61					
12		1					62					
13		1					63					
14	1						64					
15		1					65					
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44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep							Total Indep					Total Indep
Total Depend							Total Depend					Total Depend
Total Claims							Total Claims					Total Claims